

Application No. 08/939,050

#24
Response
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CERTIFICATE OF MAILING PURSUANT TO 37 C.F.R. §1.8

I hereby certify that the attached Response and Amendment, pursuant to 37 C.F.R. § 1.8, are being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on:

Date: 5-March-2004

By: David A. Capri
Signature of Person Depositing First Class Mail

**IN THE UNITED STATES PATENT AND
TRADEMARK OFFICE**

PATENT

Applicant:	Jason I. Glithero	Docket No.:	A61-16737-US
Serial No.:	08/939,050	Confirmation No.:	3492
Filing Date:	September 26, 1997	Group Art Unit:	2673
Title:	CURSOR CONTROL CONSOLE WITH ROTARY KNOB AND METHOD OF USE	Examiner:	A. Mengistu

RESPONSE

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

RECEIVED

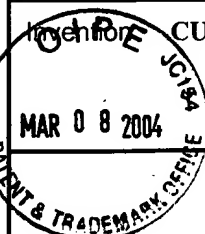
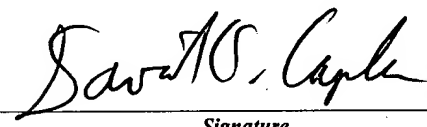
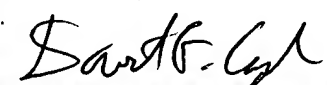
MAR 10 2004

Technology Center 2600

Dear Sir:

In response to the Office Action mailed December 5, 2003, please amend the above-identified application as follows and consider the Amendments and Remarks beginning on the following page.

2673

AMENDMENT TRANSMITTAL LETTER (Large Entity)			Docket No. A61-16737-US		
Applicant(s): Jason I. Glithero					
Serial No. 08/939,050	Filing Date September 26, 1997	Examiner A. Mengistu	Group Art Unit 2673		
Inventor: CURSOR CONTROL CONSOLE WITH ROTARY KNOB AND METHOD OF USE					
			RECEIVED MAR 10 2004 Technology Center 2600		
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	10 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
 <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-2814 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ <i>Signature</i>			Dated: March 5, 2004		
David O. Caplan, Reg. No. 41,655 Attorney for: Honeywell International, Inc. Law Dept. AB2 P.O. Box 2245 Morristown, New Jersey 07962-9806 (602) 382-6284 (602) 382-6070 - Facsimile			March 5, 2004		
CC:			<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="text-align: center; font-size: small;">Signature of Person Mailing Correspondence</div> <div style="text-align: center; font-weight: bold; margin-top: 5px;">David O. Caplan</div> <div style="text-align: center; font-size: x-small; border-top: 1px solid black; margin-top: 5px;">Typed or Printed Name of Person Mailing Correspondence</div>		